



ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-317-0356

E-Mail: ID.admin@idboard.alabama.gov ♦ Website: www.idboard.alabama.gov

COMPLAINT REPORT FORM

INSTRUCTIONS:

- Anonymous violation reports will NOT be accepted.
- This form shall be signed and dated.
- An original copy or other documentation of the violation, if available, shall be attached to the report
- Please type or print clearly in black ink.

SECTION I: ACCUSED INDIVIDUAL'S INFORMATION

First Name:	Middle/Maiden Name:	Last Name:
Business Name:		Position or Title:
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	

SECTION II: TYPE OF COMPLAINT (Please check all that apply)

- ☐ Gross negligence, misconduct or incompetence in the practice of interior design
- ☐ Conflict of Interest.
- ☐ Failure of full disclosure.
- ☐ Non-compliance with laws.
- ☐ Fraud, deceit, dishonesty or misrepresentation in obtaining any certificate of registration
- ☐ Fraud, deceit, dishonesty or misrepresentation in the practice of interior design.
- ☐ Conviction of a felony, until civil rights are restored
- ☐ Habitual drunkenness or addiction or abuse, or both, of controlled substances without a doctor's prescription or in violation of the state controlled substances act.
- ☐ Incompetence, as adjudged by a court having jurisdiction
- ☐ Use of the title(s) or term(s) interior designer, interior design, interior design consultant, interior design services, registered interior designer, registered interior design, registered interior design consultant or registered interior design services in any sign, card, listing, advertising, business or stationery without possessing a valid certificate of registration or in any other manner implies or indicates that he or she is an interior designer.
- ☐ Other. (Please explain on a separate sheet of paper and attach to this form)

SECTION III: COMPLAINANT INFORMATION

First Name:	Middle/Maiden Name:	Last Name:
Mailing Address/City/State/Zip Code:		
Phone Number:	Fax Number:	

Violations will NOT be investigated without a valid signature, date, and information by the individual filing the complaint. The name of the individual reporting a violation will NOT be released during the investigation process.

Signature: _____

Date: _____